



**VILLAGE OF ALGONQUIN
COMMUNITY DEVELOPMENT**

2200 Harnish Drive – Algonquin, IL 60102
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BUSINESS REGISTRATION APPLICATION

APPLICATION NUMBER _____

Examination of the structure is required by the Community Development Department to determine compliance with zoning and life safety requirements. After the approval, we will send the certificate of Business Registration to your email or mail.

Business Name: _____

Business Address: _____

Type of Business: _____ IBT # (Retail only): _____

Business Phone: _____

Business E-mail: _____

Business Web Site: _____

Business Owner Name: First Name: _____ Last Name: _____

Business Owner Phone: _____

Property Owner Name: First Name: _____ Last Name: _____

Property Owner Phone: _____

Property Owner Address: _____

Floor Area Occupied by Business (Sq. Ft.): _____

Type of Materials Stored: _____

Location and Size of Storage Area (Sq. Ft.): _____

Are you making any building modification? Yes No (If Yes, complete Building Permit Application.)

Will your business require a new sign? Yes No (If Yes, complete Sign Permit Application.)

Signature: _____ Date: _____

FOR OFFICE USE

Application Authorized By: _____ Date: _____